

3. first name.
4. date of birth.

The data elements the AEs will receive from CMS may include:

1. Validation of SSN.
2. verification of citizenship or immigration status.
3. incarceration status.
4. eligibility and/or enrollment in certain types of minimum essential coverage.
5. income, based on federal tax information (FTI), Title II benefits, and current income sources.
6. quarters of coverage.
7. death indicator.

#### System(s) of Records

The records that CMS will disclose to AEs will be disclosed from the following systems of records, as authorized by routine use 3 published in the System of Records Notices (SORNs ) cited below:

- CMS Health Insurance Exchanges System (HIX), CMS System No. 09–70–0560, last published in full at 78 FR 63211 (Oct. 23, 2013), as amended at 83 FR 6591 (Feb. 14, 2018).

[FR Doc. 2018–22405 Filed 10–12–18; 8:45 am]

BILLING CODE 4120–03–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA–2018–N–0001]

#### Pathogen Reduction Technologies for Blood Safety; Public Workshop; Correction

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice of public workshop; correction.

**SUMMARY:** The Food and Drug Administration is correcting a document that appeared in the **Federal Register** of September 17, 2018. The document announced a public workshop entitled “Pathogen Reduction Technologies for Blood Safety; Public Workshop.” The document was published with an error in the website address to register for the workshop. This document corrects that error.

**FOR FURTHER INFORMATION CONTACT:** Loni Warren Henderson or Sherri Revell, Center for Biologics Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Silver Spring, MD 20993, 240–

402–8010, email: [CBERPPublicEvents@fda.hhs.gov](mailto:CBERPPublicEvents@fda.hhs.gov) (subject line: Pathogen Reduction Technology and Blood Safety).

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of Monday, September 17, 2018 (83 FR 46959), in FR Doc. 2018–20090, on page 46960, the following correction is made:

On page 46960, in the second column, in section III, in the “Registration” and “Streaming Webcast of the Public Workshop” portions, “<https://www.eventbrite.com/e/pathogen-reduction-technologies-for-blood-safety-public-workshop-tickets-4464956605>” is corrected to read “<https://www.eventbrite.com/e/pathogen-reduction-technologies-for-blood-safety-public-workshop-tickets-44649566054>.”

Dated: October 9, 2018.

**Leslie Kux,**

*Associate Commissioner for Policy.*

[FR Doc. 2018–22364 Filed 10–12–18; 8:45 am]

BILLING CODE 4164–01–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS–04040–0011]

#### Agency Information Collection Request. 60-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before December 14, 2018.

**ADDRESSES:** Submit your comments to [ed.calimag@hhs.gov](mailto:ed.calimag@hhs.gov) or (202) 690–7569.

**FOR FURTHER INFORMATION CONTACT:** When submitting comments or requesting information, please include the document identifier 4040–0011 New–60D and project title for reference, to [Sherette.funn@hhs.gov](mailto:Sherette.funn@hhs.gov), or call 202–795–7714, the Reports Clearance Officer.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the

following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Information Collection Request Title:** SF–271 Outlay Report and Request for Reimbursement for Construction Programs.

**Abstract:** The SF–271 Outlay Report and Request for Reimbursement for Construction Programs form is by used grant awardees to request financial assistance funds for the purpose of reimbursement of construction-related expenditures.

**Need and Proposed Use of the Information:** The SF–271 Outlay Report and Request for Reimbursement for Construction Programs form is used by grant awardees in post-award financial activities related to Federal financial assistance.

**Likely Respondents:** Federal financial assistance awardees.

**Burden Statement:** Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for the ICs are summarized in the table below.

HHS estimates that the form will take 1 hour to complete each form.

Once OMB approves the use of the SF–271 Outlay Report and Request for Reimbursement for Construction Programs form as a common form, federal agencies may request OMB approval to use this common form without having to publish notices and request public comments for 60 and 30 days. Each agency must account for the burden associated with their use of the common form.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
SF-271 Outlay Report and Request for Reimbursement for Construction Programs .....	100,000	1	1	100,000
Total .....	100,000	.....	.....	100,000

**Terry Clark,**  
*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*  
 [FR Doc. 2018-22342 Filed 10-12-18; 8:45 am]  
**BILLING CODE 4151-AE-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier OS-0990-new]

**Agency Information Collection Request. 60-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before December 14, 2018.

**ADDRESSES:** Submit your comments to *Sherrette.Funn@hhs.gov* or by calling (202) 795-7714.

**FOR FURTHER INFORMATION CONTACT:** When submitting comments or requesting information, please include the document identifier 0990-New-60D and project title for reference, to *Sherrette.funn@hhs.gov*, or call 202-795-7714, the Reports Clearance Officer.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any

other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

*Information Collection Request Title:* National Survey of Health Information Exchange Organizations (HIO).

*Abstract:* Electronic health information exchange (HIE) is one of three goals specified by Congress in the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act to ensure that the \$30 billion federal investment in electronic health records (EHRs) results in higher-quality, lower-cost care. The ability of providers to share data electronically is a core goal of HITECH and a central feature of a high-performing healthcare delivery system. Greater EHR adoption without data flowing between systems substantially limits quality and efficiency gains as well as reduces the value of the health IT investment.

There is growing consensus that achieving broad-based HIE is one of the most difficult components of HITECH. This is because successful HIE at scale involves coordination between many stakeholders, including but not limited to federal and state policymakers, healthcare delivery organizations, EHR and HIE vendors, and specific

organizations supporting HIE, such as health information organizations (HIOs) and health information service providers (HISPs). Further, the issues requiring coordination are diverse, spanning technical standards, consent regulations, business models and incentives, workflow integration, trust and governance, and information privacy and security.

Three HIE issues have proven particularly challenging: Implementation of and use of standards, information blocking, and sustainability. The ultimate goal of our project is to administer a survey instrument to HIOs in order to generate the most current national statistics and associated actionable insights on electronic health information exchange to inform policy efforts.

*Need and Proposed Use of the Information:* Collecting timely, national data from HIOs in the three domains of standards, information blocking, and sustainability is valuable to inform both HIE-specific policy efforts as well as broader health system reform efforts. By developing a survey instrument addressing these topics, collecting national data from a census of HIOs (and related HIE efforts), and analyzing the data to identify important new insights, the proposed project fills a critical gap in current knowledge and will provide policymakers with actionable results to inform progress towards greater interoperability and exchange of clinical data.

*Likely Respondents:* Given the relatively small number of HIOs in the U.S.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
HIO Survey .....	200	1	20/60	67
Total .....	.....	.....	.....	67